MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08536

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days

Hospital, Institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural nr Port Tobacco

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mc Conchie, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Thomas Butler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	—

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60-70			hrs. min.

9. Birthplace: Bryantown Charles, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Unknown

13. Birthplace:

MOTHER — 14. Maiden name:

15. Birthplace:

16. Informant: Hosp. records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/22/40 (month) (day) (year)

Cemetery or crematory: McConcie Cemetery

Location: McConcie, Md.

18. Funeral director: Hunter & Posey

Address: Waldorf, Md.

19. Aug 22 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 20 1940 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1940, to Aug. 20 1940 and that I last saw h... alive on Aug. 19 1940

Immediate cause of death	DURATION
Congestive heart failure	2 wks
Due to: Arteriosclerotic (coronary artery) heart disease	?
Due to: Generalized arteriosclerosis	?
Other conditions: Arteriosclerotic gangrene both feet	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L MacKavanagh M.D. M. D. or other

Address: Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08537

(107)

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural or Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One month, 11 days

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Rural or Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Chapel Point Road

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Thomas Hanson Butler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 8, 1940

8. AGE:

Years	Months	Days	If less than one day
	1	11	hrs. min.

9. Birthplace: Bel Alton, Charles, Md.

(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER

12. Name: Joseph Butler

13. Birthplace: St. Mary's County, Md.

MOTHER

14. Maiden name: Mary Thomas

15. Birthplace: Bryantown, Md.

16. Informant: Mary Butler (mother)

Address: Bel Alton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 21 1940 (month) (day) (year)

Cemetery or crematory: St. Thomas Cemetery

Location: Bel Alton Md

18. Funeral director: Joseph Butler acting

Address: Bel Alton Md

19. Aug 20 1940 (Date rec'd by registrar) M. D. Hayden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19 1940, at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1940, to Aug 19 1940

and that I last saw him alive on Aug. 18 1940

Immediate cause of death: Primary disseminated bronchopneumonia — DURATION: 8 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh M.D.

M. D. of other

Address: La Plata, Md. Date signed: 8-20-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

08538

Reg. Dist. No. 10

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town La Plata Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eugene Fayt Caldwell

3. (b) Social Security Number 219-05-4761

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1899

8. AGE: Years	Months	Days	If less than one day
41 yrs	3	6	hrs. min.

9. Birthplace Hillsdale Coldwater Michigan
(Town, county, and state)

10. Usual occupation Helper at odd jobs

11. Industry or business Automobile garage

FATHER 12. Name John Caldwell

13. Birthplace Iowa

MOTHER 14. Maiden name Fannie —

15. Birthplace Mich.

16. Informant Mr. F. B. Bolton, Jr. (Cousin),

Address Pomonkey, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 4 1940 (month) (day) (year)

Cemetery or crematory on farm near Pomonkey

Location N. West of La Plata

18. Funeral director Hewitt and Ryon

Address Waldorf Md

19. August 4 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 1:30-2:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Aug. 4 1940, to 19; and that I last saw him alive on Aug 4 1940

Immediate cause of death	DURATION
Conflagration (accidental)	Minutes
Due to Accident — probably cigarette set fire to auto in which he	
Due to was sleeping	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug. 4. 1940

Where did injury occur? La Plata (City or town), Charles (County), Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Car burned up Injured at work? No

23. SIGNATURE James L. MacKenzie, M.D., Dep. Med. Examiner (M.D. or other)

Address La Plata, Md. Date signed 8-4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08539

Reg. Dist. No. 1 ow

MARGIN RESERVED FOR BINDING. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH:

County Charles

City or town near Bel Alton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural South

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town near Bel Alton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecelia Farmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1940

8. AGE: Years | Months | Days | If less than one day: hrs. 5 min.

9. Birthplace near Bel Alton Md

(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER — 12. Name Joseph Vincent Farmer

FATHER — 13. Birthplace Charles Co Md

MOTHER — 14. Maiden name Neomi Cecelia Hick

MOTHER — 15. Birthplace Charles Co Md

16. Informant Neomi Farmer. Mother

Address Bel Alton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug 16-1940 (month) (day) (year)

Cemetery or crematory on farm near Bel Alton

Location South of La Plata

18. Funeral director Joseph Vincent Farmer

Address Bel Alton Md

19. Aug 15 1940 (Date rec'd by registrar) Lillian Peary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 11 ost M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death	DURATION
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lillian Peary Register (M. D. or other)

Address La Plata Md. Date signed 8-16-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

08540

CERTIFICATE OF DEATH

Reg. Dist. No. 12-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Marbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Marbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Idonia Vernon Gray (Henson)

3. (b) Social Security Number

4. Sex F
5. Color or race Col.
6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 19, 1940

8. AGE: Years | Months 4 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Marbury
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Paul Gray
13. Birthplace Pomonkey, Md.

MOTHER 14. Maiden name Dot. Henson
15. Birthplace Marbury, Md.

16. Informant Sister (Dot. Henson)
Address Marbury, Md.

17. Burial Date thereof Sept 1, 1940
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Pleasant Home Baptist
Location Marbury, Md.

18. Funeral director Thomas Henson
Address Pisgah, Md.

19. Aug 31 1940
(Date rec'd by registrar)
Mary Southerland
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 19 40 12:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31 19 40, to 19
and that I last saw her alive on Aug 31 19 40

Immediate cause of death Acute Enteritis — DURATION 2 days.

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Lumbh. Surgn U.S.
M. D. or other
Address Indian Head, Md. Date signed 8/31/40

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08541

(S)

1. PLACE OF DEATH

County Chas. Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Gross

(a) Residence: No. ... St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, dey, and year) Aug 22 1940

7. AGE	Years	Months	Days	If LESS than 1 dey, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Hughesville Md
(State or country)

FATHER

13. NAME Jas Benj Gross

14. BIRTHPLACE (city or town) Chas. Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Bogman

16. BIRTHPLACE (city or town) Chas Co Md.
(State or country)

17. INFORMANT Jas. Benj Gross
(Address) Hughesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place At home Date Aug 22 19 40

19. UNDERTAKER Jas. Benj Gross
(Address) Hughesville Md

20. FILED 8/22, 1940 Eva Chappelear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 22 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 19 40, to 8-22, 19 40

I last saw him alive on 8-22, 19 40; death is said to have occurred on the date stated above, at 5A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still born as per report of Mary Proctor (Midwife)	
Other Contributory Causes of importance: Unknown	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Eva Chappelear (Asst Reg)

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (HoC)

CERTIFICATE OF DEATH

08542

Reg. Dist. No. 106

1. PLACE OF DEATH:

County Charles

City or town Indian Head, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town Naval Powder Factory, Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Vern Lyle Hansen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1920

8. AGE:

Years	Months	Days	If less than one day
19	10	12	hrs. min.

9. Birthplace Ida County, Iowa
(Town, county, and state)

10. Usual occupation Private

11. Industry or business U.S. Marine Corps

FATHER 12. Name Charles Hansen

13. Birthplace

MOTHER 14. Maiden name Susan

15. Birthplace

16. Informant Dr. James E. Andrews, U.S.N.

Address Naval Powder Factory, Indian Head, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug. 18, 1940 (month) (day) (year)

Cemetery or crematory To U.S. Naval Hosp.

Location Washington, D.C.

18. Funeral director

Address

19. Aug. 18 1940 (Date received by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1940, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on August 18 1940, to ~~19~~, and that I ~~last~~ saw ~~him~~ ~~alive~~ on Aug. 18 1940.

Immediate cause of death

Accidental Compound fracture of skull — DURATION: Seconds

Due to Automobile accident

Other conditions Compound fracture left tibia & fibula — DURATION: Seconds
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8-18-40

Where did injury occur? Indian Head, (City or town) Charles, (County) Md. (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Struck by auto Injured at work? No

23. SIGNATURE James E. MacKaness, Jr. M.D. Dep. Med. Examiner
M. D. or other

Address La Plata, Md. Date signed 8-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-L)

08543

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Pomfret md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Pomfret Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Katie Jackson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Hinson Jackson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 2-28-1881

8. AGE: Years	Months	Days	If less than one day
59	6	1	..... hrs. ..... min.

9. Birthplace: Berry md (Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business

FATHER
12. Name: Walter Marshall
13. Birthplace: Berry md

MOTHER
14. Maiden name: Jinnie Smallwood
15. Birthplace: Md

16. Informant: Hinson Jackson
Address: Pomfret Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-30-40 (month) (day) (year)
Cemetery or crematory: Zion Wesley
Location: Waldorf Md
18. Funeral director: Hamett & Ryon
Address: Waldorf Md

19. Aug 29 1940 (Date rec'd by registrar) M. L. Mowell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/28 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/28 1940, to ..... 19..., and that I last saw her alive on 8/28 1940

Immediate cause of death	DURATION
Pulmonary — Hemorrhage	
Due to, Tuberculosis. Duration: several years.	
Due to, Cause.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. P. Walker M. D. or other
Address: Waldorf, Md Date signed: 8/29/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

68544

Reg. Diat. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 hrs.

Hospital, Institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 17 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: N.J. County: Bergen

City or town: Bogota

(If outside city or town limits, write RURAL and give nearest town)

Street No. 207- Cypress St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Barney Clifford MacArthur

3. (b) Social Security Number: 146-09-0484

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Thelma Ryder

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): June 22nd 1902

8. AGE: Years	Months	Days	If less than one day
38	2	4	..... hrs. ..... min.

9. Birthplace: Sanson Co. N.C.

(Town, county, and state)

10. Usual occupation: Steel worker

11. Industry or business:

FATHER

12. Name: Emerett MC Arthur

13. Birthplace: Clinton N.C.

MOTHER

14. Maiden name: Mallie Cooper

15. Birthplace: Clinton N.C

16. Informant: Robert E. MC Arthur Brother

Address: Clinton N.C

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 27th 1940 (month) (day) (year)

Cemetery or crematory: ?

Location: Clinton N.C

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. Aug 24 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26, 1940, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Aug. 26 1940 ~~to~~ 19.. and that I ~~last~~ saw h... ~~alive~~ on Aug. 26 1940

Immediate cause of death	DURATION
Contusion of spinal cord in low cervical region	19 hrs.
Due to Accident — struck head while diving	19 hrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 8-25-40

Where did injury occur? Rock Point, Charles, Md. (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?): Public place (beach)

Means of injury: Struck head diving Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner (M.D. or other)

Address: La Plata, Md Date signed: 8-26-40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08545

1. PLACE OF DEATH

County ~~Prince George~~ Charles (83-a) Registration Dist. No. 108

Village or City Aquasco (P.O.) No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Benjamin Mackle If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE B.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maggie Young

6. DATE OF BIRTH (month, day, and year) June 8/1890

7. AGE Years 50 Months 1 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Prince George Co.

FATHER

13. NAME Benson Mackle

14. BIRTHPLACE (city or town) (State or country) Prince George Co

MOTHER

15. MAIDEN NAME Annie Gray

16. BIRTHPLACE (city or town) (State or country) Prince George Co

17. INFORMANT (Address) William Mackle Jr.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date Aug 7, 1940

19. UNDERTAKER (Address) Andrew Farmer Aquasco, Md.

20. FILED 8/5/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 5 (Month) ..... (Day) ..... 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from 1930, 19..., to Aug 1, 1940

I last saw him alive on Aug 4, 1940; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Aug 3/40

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hayden Fitzpatrick M.D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

08546

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town Rison

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town Rison Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bernard Smallwood.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pearl Smallwood

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 25 1886

8. AGE: Years: 54 Months: 3 Days: 3 If less than one day: hrs. min.

9. Birthplace: Charlestown Md.

(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER 12. Name: Jas. Smallwood.

13. Birthplace: Charles Co. Md.

MOTHER 14. Maiden name: Malinda Marbury

15. Birthplace: Charles Co. Md

16. Informant: Jas. Smallwood.

Address: Rison Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 25 40 (month) (day) (year)

Cemetery or crematory: Alexander Chapel

Location: Charlestown Md.

18. Funeral director: Stanley Penny

Address: Pisgah Md.

19. Aug. 25 1940 (Date rec'd by registrar) Mary Smallwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Aug 1940, and that I last saw h alive on Aug 18 1940.

Immediate cause of death	DURATION
Chr. Valvular Heart Disease	
Due to Chr Rheumatism.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.

M. D. or other

Address Marbury Date signed Md.

RECEIVED
SEP 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

08547

Reg. Dist. No. 108

1. PLACE OF DEATH:
County Charles
City or town Bryantown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Bryantown Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Julia Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widowed

6 (b) Name of husband or wife JAMES A. THIMPSON
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unk

8. AGE: Years 66 Months Days If less than one day hrs. min.

9. Birthplace Gallant Green, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name James Mackel
13. Birthplace Gallant Green, Md.

MOTHER
14. Maiden name Matilda Edelen
15. Birthplace Gallant Green Md.

16. Informant James D. Thompson
Address Aquasco, Md.

17. Burial Date thereof 8/8/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Peters
Location Waldorf Md

18. Funeral director Hunt & Ryon
Address Waldorf, Md.

19. 8-8 1940 Eva Chappelear
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3rd 1940, to Aug 3 1940; and that I last saw h-- alive on Aug 3 1940.

Immediate cause of death	DURATION
Pulmonary tuberculosis	
* grand mal epilepsy	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos Lynch M. D. or other
Address Waldorf Date signed Aug 6

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.